

DISTRICT RECOMMENDATION**EC/ECSE, ELEMENTARY, SECONDARY, EXCEPTIONAL CHILD OR PUPIL PERSONNEL SERVICES****Instructions for Applicants for Idaho Professional Certification**

This form or the district's own recommendation form may be used by the district superintendent or the district official responsible for teacher certification to verify the completion of components required for Professional Certification. It is the responsibility of the applicant to have the District Recommendation completed.

1. To be completed by the applicant OR the district official responsible for certification requirement verification:

Applicant's Name (last name, first name)	Initial	Maiden Name	Dates of Attendance From _____ To _____	Social Security #
Current Personal Street Address	City		State	Zip

Items 2 and 3 are to be completed by the district official responsible for certification stipulation verification.

2. Please check the appropriate area(s) to indicate the certification for which a Professional (Tier 2) Certification is applied:

☐ **EARLY CHILDHOOD/EARLY CHILDHOOD SPECIAL EDUCATION BLENDED (Birth thru Grade 3)**

☐ **ELEMENTARY EDUCATION:**
Teaching done in grade(s) _____

☐ **SECONDARY EDUCATION:**
Teaching done in grade(s) _____ Minor teaching endorsement(s) _____
Major teaching endorsement(s) _____

☐ **SPECIAL EDUCATION: (check the appropriate box listed below, MUST be a 30 semester credit program.)**

☐ Generalist
☐ Hearing Impaired
☐ Visually Impaired

PUPIL PERSONNEL SERVICES: (check the appropriate endorsement area(s) listed below)

☐ School Guidance/Counseling
☐ School Social Work
☐ School Psychologist
☐ Communications Disorders (Speech Pathology & Audiology)
☐ Audiology

3. Idaho Mandated Assessment Assurances:

Applicant has maintained an Individualized Professional Learning Plan (IPLP) to improve student achievement, in collaboration with at least the school principal. ☐ YES ☐ NO

Applicant has demonstrated proficiency in all components of the approved evaluation instrument. ☐ YES ☐ NO

Applicant has demonstrated student achievement appropriate for professional educators in Idaho. ☐ YES ☐ NO

Applicant has completed the professional development credit requirements. ☐ YES ☐ NO

The above-named applicant is recommended for certification in the area(s) checked in #2 above.

Name of School District

District Number

Signature of the Superintendent/Designee

Date

PLEASE RETURN COMPLETED FORM TO THE APPLICANT FOR INCLUSION WITH APPLICATION.